

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1963

63-023821

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 140

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Franklin</u>  |   | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Washington</u>  |   | c. CITY OR TOWN <u>Washington</u>   |  |
| Length of stay in 1b <u>37 yrs</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>St. Francis Hospital</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>4th &amp; Elm Sts.</u>  |  |
| 3. NAME OF DECEASED<br>(Type or print) First <u>DR. BERNIS E.</u> Middle <u>DICKSON</u> Last <u>D.D.S.</u>  |   | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>12</u> Year <u>1963</u>  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>           | 8. DATE OF BIRTH<br><u>10/20/1895</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Dentist</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Practice, Piedmont, Missouri</u>  |  |
| 11a. FATHER'S NAME<br><u>Wesley Dickson</u>   |   | 11b. MOTHER'S MAIDEN NAME<br><u>Ledia Copeland</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>yes W.W.I.</u>  |   | 17. INFORMANT<br><u>Ms. Lorene Dickson</u>  |  |
| 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial Infarction, acute, pulsive</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>16 hrs</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female, was there a pregnancy in last 90 days?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 19.)  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____  |  |
| 21. I attended the deceased from <u>3:45 a.m. 6/14/63</u> to <u>7:10 P.M. 6/14/63</u> last saw him alive on <u>6/14/63</u> at <u>7:00 P.M.</u><br>Death occurred at <u>7:10 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE (In full or title)<br><u>Michael S. Hippach, M.D.</u>  |   | 22b. ADDRESS<br><u>Washington, Mo.</u>  | 22c. DATE SIGNED<br><u>6/13/63</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br><u>June 15, 1963</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Peter's Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Washington, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>Fidburg &amp; Co., Inc., Washington, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>6/14/63</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Leola C. Heidmann</u>                        |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

158831-082

JUN 20 1963

JUN 27 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lester A. Vitt*

Licensed Embalmer No.

*3254*

P. O. Address

*Washington, Mo.*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.